PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

136P17-WS01

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN									THAN			
TOTAL OLANAC			(Column 1)		(Column 2)		T\ _	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20= *		. 0			X\$ 9=	-	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =*		· Ø	Ø		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero				ero, ente	"0" in c	olumn 2	L	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART					T. II						OTHER	
			(Column 2) (Column 3				SMALL E		OR	SMALL		
IENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	.50	Minus	2	<u> </u>	30		X\$ 9=	276	OR	X\$18=	•
	Independent	NTATION OF MI	Minus	*** 5	CLAIM	= /		X40€	43	OR	X80=	
	FINOT PRESE	NIATION OF MIC		ENDEN	CLAIIVI			+135=		OR	+270=	
							ا	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	AL	JUII, FEC			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B	* *	CLAIMS REMAINING AFTER AMENDMENT	* * *	HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u>.</u>	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	HIRST PRESE	NTATION OF MU	JULIPLE DEF	'ENDENT	CLAIM		\	+135=		OR	+270=	
							ΑD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	,	=		X40=		OR	X80=	
-	FIRST PRESE	NTATION OF MU	JUIPLE DEF	'ENDENT	CLAIM			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR **ADDIT. FEE** ADDIT. FEE** **TOTAL ADDIT. FEE** **TOTAL ADDIT. FEE** ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUI (CALCULATION SHEET)

•	0.0 01
APPLICATION NUMBER:	09825/64

Total Fee Calculation

·	3	•	•	- · *	•
	Fee Code	Total · # Claims	Number. Extra	X ·Fcc	Fee
	Sm./Le.		•	Sm. Entity	Lg. Entity
Basic Filing Fee	201/101	•	•	•	Ho
Total Claims >20	203/103	20	÷ Ø 2	κ. <u> </u>	• • • • •
Independent Claims >3	202/102	-3.	- Ø 3	· _ ·	•••
Mult. Dep Claim Present	204/104		<i>.</i>	•	130
Surcharge	205/105	•	•		· RHO.
English Translation		·	•	- •	:
TOTAL FEE CALCUL	ATION .		K 9		•
Fees due upon filing t	ic application	11 × 12 × 14 × 15 × 15 × 15 × 15 × 15 × 15 × 15	4	.	•

Less Filing Fees Submitted -\$_____

BALANCE DUE

Total Filing Fees Duc =

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Oznice of Initial Patent Examination